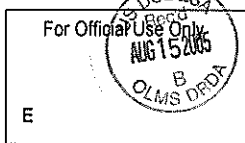


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>627</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Mark</u> <u>A</u> <u>Rippeto</u> P.O. Box, Bldg., Room No., if any Street <u>12365 St. Charles Rock Road</u> City <u>Bridgeton</u> State <u>MO</u> ZIP Code + 4 <u>63044</u>	4. Name, file number, and address of labor organization. Name <u>IAMAW District No. 9</u> Labor Organization File Number <u>038-242</u> P.O. Box, Building and Room Number, if any Street <u>12365 St. Charles Rock Road</u> City <u>Bridgeton</u> State <u>MO</u> ZIP Code + 4 <u>63044</u>
5. Position in labor organization. <u>Asst. Directing Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Mark A. Rippeto</u>	On <u>8/9/05</u> Date	<u>314-739-6200</u> Telephone Number

Name of Person Filing Mark A. Rippeto	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Diekemper, Hammond, Shinnors & Law, P.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7730 Carondelet Avenue - Ste. 200 City Clayton State MO ZIP Code + 4 63105	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Law firm representing IAMAW District 9 </div> 11.b. Approximate dollar value of such dealing. 41,362.00 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Modest lunch and legal representation </div> 12.b. Amount. 30.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing Mark A. Rippetto	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Fiduciary Consultants, Inc.</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 12444 Powerscourt Drive, Ste. 190</p> <p>City St. Louis</p> <p>State MO ZIP Code + 4 63131</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name District 9 Pension & Welfare Trusts</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 12365 St. Charles Rock Road</p> <p>City Bridgeton</p> <p>State MO ZIP Code + 4 63044</p>	<p>11.a. Nature of such dealing.</p> <p>Provides consulting services for both Trust Funds</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 60,900.00</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Lunch/Dinner and golf outing</p> <hr/> <p>12.b. Amount. 150.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing Mark A. Rippeto	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name J.M. Hartwell, L.P.</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 515 Madison Avenue - 31st Floor</p> <p>City New York</p> <p>State NY ZIP Code + 4 10022</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name District 9 Pension Trust</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 12365 St. Charles Rock Road</p> <p>City Bridgeton</p> <p>State MO ZIP Code + 4 63044</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;">Investment Manager</p> <p>11.b. Approximate dollar value of such dealing. 124,777.00</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;">Dinner</p> <p>12.b. Amount. 100.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing Mark A. Rippeto	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Invesco National Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 400 West Mark Street, Ste. 2500 City Louisville State KY ZIP Code + 4 10112	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name District 9 Pension/Welfare Trusts Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12365 St. Charles Rock Road City Bridgeton State MO ZIP Code + 4 63044	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;">Investment Manager</div> 11.b. Approximate dollar value of such dealing. 198,300.00 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;">Dinner</div> 12.b. Amount. 95.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>

Name of Person Filing **Mark A. Rippetto**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Chicago Equity Partners**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **180 North LaSalle Street, Ste. 3800**City **Chicago**State **IL** ZIP Code + 4 **60601**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **District 9 Pension Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **12365 St. Charles Rock Road**City **Bridgeton**State **MO** ZIP Code + 4 **63044**

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

126,000.00

12.a. Nature of interest held or income received.

Two dinners, golf outing and ball game

12.b. Amount.

260.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Mark A. Rippeto	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Stoneridge Investment Partners</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 7 Great Valley Parkway - Ste. 290</p> <p>City Malvern</p> <p>State PA ZIP Code + 4 19355</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name District 9 Pension Trust Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 12365 St. Charles Rock Road</p> <p>City Bridgeton</p> <p>State MO ZIP Code + 4 63044</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;">Investment Manager</p> <p>11.b. Approximate dollar value of such dealing. 144,000.00</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;">Dinner & golf outing</p> <p>12.b. Amount. 185.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing Mark A. Rippeto	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Lazard Freres Asset Management</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 30 Rockefeller Plaza</p> <p>City New York</p> <p>State NY ZIP Code + 4 10112</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name District 9 Pension Trust Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 12365 St. Charles Rock Road</p> <p>City Bridgeton</p> <p>State MO ZIP Code + 4 63044</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;">Investment Manager</p> <p>11.b. Approximate dollar value of such dealing. 510,000.00</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;">Dinner and golf outing</p> <p>12.b. Amount. 160.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing Mark A. Rippeto	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Fox Asset Management</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 775 California Avenue</p> <p>City Reno</p> <p>State NV ZIP Code + 4 89509</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name District 9 Pension Trust Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 12365 St. Charles Rock Road</p> <p>City Bridgeton</p> <p>State MO ZIP Code + 4 63044</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;">Investment Manager</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 163,000.00</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;">Dinner and golf outing</p> <hr/> <p>12.b. Amount. 155.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>